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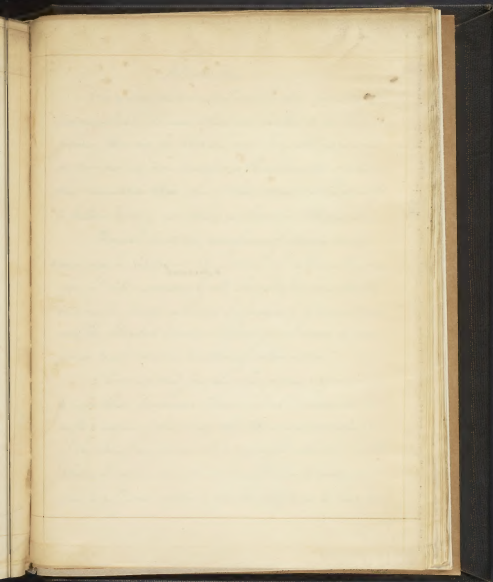
Pneumonia Filiosa

by

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of

Harrisburg Pennsylvania.

Copy of
1807
to L. H.



medical

Introduction.

It is a fact, that is corroborated by daily observation, that among all the diseases which are incident to the human frame, there are few that are more formidable and intractable in their nature, more diversified in their character or fatal in their termination than some of those diseases which, generally speaking, are placed in the order Phlegmasia.

However great the discrepancy of opinion among men may be, relative to the doctrine of inflammation, one general rule is admitted by all, that when it is once established, it may be greatly influenced by peculiarity of circumstances and the attendant danger is lessened or increased in proportion to the extent or location of inflammation.

Reasoning then from the above axiom may we not safely infer that Pneumonia Peliosa (which I conceive to be inflammation of the Lungs, the Pleura, and secondarily of the Liver) is a disease that is fraught with danger, and that will require the utmost promptness in its treatment, and be sufficient apology for the physician to have re-

[Faint, illegible handwriting on a single page of an old manuscript. The text is written in a cursive script, typical of the 17th or 18th century. The page is aged and shows signs of wear, including discoloration and slight damage to the edges.]

course to means, which under different circumstances would be harsh, and contraindicated, in order to arrest it in its ruinous career, and to restore the system to its wonted integrity.

Having lately had, an opportunity of treating some cases of this disease, and desiring to become a candidate for graduation the ensuing Spring, I deemed it Pneumonia an appropriate subject for my inaugural essay, and hope that the mode of treatment which I adapted may meet the approbation of the medical faculty.

Aware of the diversity of symptoms, by which this disease is ushered in under different circumstances, it is not my intention to give an elaborate description of it, but will restrict myself to it, as it ordinarily prevails. Neither do I intend to mention all the different ways it may terminate, but merely to notice ^{the} one, which I consider the most common.

With a view of introducing some order into this essay, that will enable me to treat the subject with more perspicuity, I shall divide the disease into three stages, the incipient or forming, the confirmed or inflammatory, and the depressed or low stage.

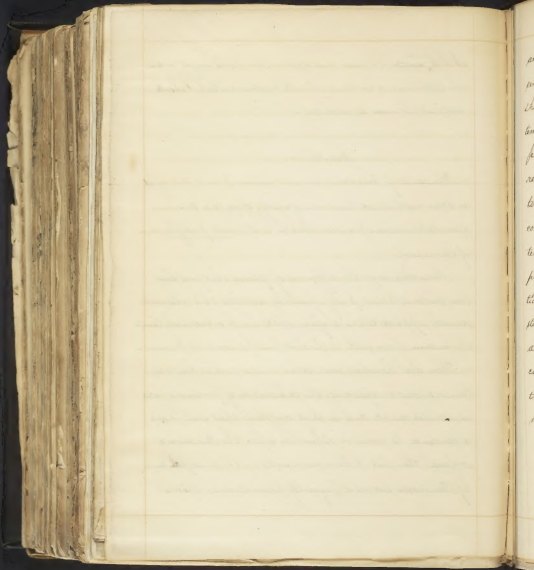
I shall ^{first} mention the causes and symptoms, then I will briefly notice the Pathology, and conclude with treatment which I think most appropriate to each stage.

Causes.

The causes of Pneumonia, are, very numerous and diversified in their nature, and have consequently given rise to many speculations and opinions relative to the most prolific source of this disease.

Notwithstanding the difference of opinion that for a long time existed, it is now pretty generally admitted that cold, whether directly applied to the surface of the lungs, or indirectly through the medium of sympathy is the most fruitful cause of Pneumonia.

There are however some other causes, such as long continued puffing or speaking; the inhalation of poisonous gases adulterated air &c. and in short anything that will have a tendency to strain or otherwise injure the Pneumonic organs. Now that I have enumerated, as the principal causes of Pneumonia but, as it frequently proceeds, as an epidemic



and as agreeably to an established law of nature, no effect can ever be produced without a cause, it necessarily follows that there must be some latent cause, which, by acting on the system, generally, creates a more than ordinary liability to pneumonic inflammation. Taking all the circumstances relative to this disease into consideration I am constrained to agree with a late writer, who asserts that this peculiar condition of the lungs is occasioned by some part or present disposition of the atmosphere which makes a morbid impression on those organs, and produces a tendency to inflammation. This fact I trust is sufficiently corroborated by the circumstances, that an individual may be exposed to all the causes above enumerated with perfect impunity when this peculiar condition of the atmosphere does not exist, whereas, when the converse obtains the least exposure may produce pneumonia, accompanied by a train of symptoms truly alarming.

et circa primum in ea sunt deprehenduntur editiones

Symptoms.

The incipient stage of Pneumonia is generally recognized by a slight chill, weak pulse, great pain in the limbs and head, a pain of a peculiar piercing nature in different places in the breast, the patient ordinarily breathes very hard is troubled with more or less cough in some instances he cannot expectorate, though sometimes the cough is attended to an expectoration of viscid, opaque mucus; the cheeks become flushed, the headache more violent, and if the disease be not arrested it will terminate in confirmed pneumonia.

The symptoms which characterize the second stage are more violent. The pain in the breast has now become stationary, the cough considerable, aggravated, the pulse is full, frequent and tense, there is great restlessness and anxiety, the carotid and temporal arteries pulsate violently, respiration is hurried and painful, particularly when the patient endeavours to take a full inspiration, there is great excoriation in the action of the intercostal muscles, the cough is, or there is an expectoration it is a thin mucous lined with

Three arrow stones, from the forest,

blood the tongue dry and polished, the urine is scanty and deposits a latitious sediment, the patient is unable to lie on affected side &c.

The last stage somewhat resembles Hydrops serena. The skin is cold and shrivelled, the tongue dry and of a dark, livid colour. The pulse small and compressible. The stomach almost devoid of sensibility; the bowels discharge a dark watery fluid, nervous irritability is very much impaired, the cutaneous veins are almost invisible; the respiration is short irregular attended by a heaving rattling noise in the throat, the patient becomes delirious, his countenance is wild and cadaverous, the pulse is now scarcely perceptible, ^{the} strength almost exhausted, and death soon terminates the scene unless relief be afforded.

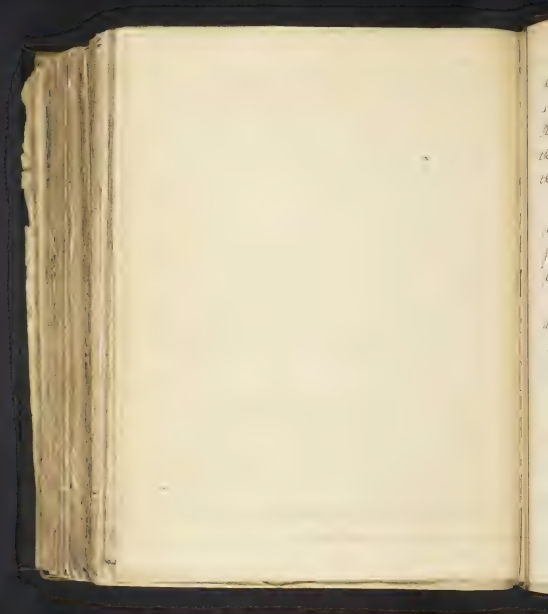
Pathology.

Health may be said to consist in an equal excitement being kept up in the nervous system, in the maintenance of the equilibrium of the circulation, and in the ability



if the different organs of the body faithfully to perform their functions. When there is any cause that produces more than ordinary excitement in any particular organ, there is an unusual supply of blood to the part, its functions are greatly impaired, that vice ceases to parts, which exists in health is destroyed, and disease follows as a consequence. Thus in inflammation, in case of fever, some of the above mentioned causes, which have a stimulating effect, an irritation is made on the nervous system centrally, and from thence transmitted to the Brain and Heart, which gives rise to an unusual determination of blood to the parts, the circulation there becomes diminished, the parts become engorged, congestion follows, and the vital energy is considerably impaired.

After some time has elapsed nature, with a view of re-establishing the crickled functions of the lungs, and of restoring the equilibrium of the circulation, its primary intention, turns on a motion more or less violent, but her means are rarely sufficiently active to accomplish



her purpore, the pain in the abdomen, and inflammation is the consequence. This inflammation spreads from the lungs to the Diaphragm and from the Diaphragm to the Liver, and then all the symptoms combined constitute the disease under consideration.

The violent headache which is an invariable attendant on Pneumonia may probably be accounted for by the direct nervous communication, which exists between the lungs and brain. The paracoccus transmits a morbid impression to the brain, this nervous excitation produces an inordinate afflux of blood thither, which occasions congestion and will ^{at} raise an ⁱⁿ the lungs inflammation, if not timely arrested.

The irregular action of the intercostal muscles and the hurried and broken respiration may arise from the circumstance of the pleura costalis being inflamed, the patient breathes almost entirely with the diaphragm and when an effort is made to expand the chest is more or less expanded, the intercostal muscles are called into



action, this contract, and given a occasional re-contraction, and the patient in order to to see it makes a haste and violent in- or at expiration, which effort produces the peculiar phenomena alluded to.

Treatment.

Concerning the treatment of pneumonia I shall endeavour to be as brief as possible. Pneumonia follows if it be attacked in its incipient stage, the critical crisis is averted, and the system and health action be again restored without a material cause being sustained by any of the organs involved. In order to effect so desirable an event, the physician should as soon as circumstances will permit, endeavour to break down the morbid impregnation which is made on the lungs, and to transmute the system, by detracting a portion of blood from the patient, and then to bring on perspiration, with a view of creating a reaction, which will have a tendency to divert the cur-



rent of blood from the thorax and abdomen, & direct to the surface of the body, and restore the equilibrium of the circulation. In order to produce perspiration, the patient should be put to bed, be warmly covered, and for this filled with hot water placed to his extremities, or, if these should not be convenient, heated bricks wrapped up in cloths that have been soaked in vinegar or water.

In addition to this he should ^{use} large draughts of warm and diluent drinks, such as Balm or Sarsaparilla or a ^{new} infusion of Eupatorium *Petfoliatum*. Should however all these remedies fail: in order to accomplish our purpose we should resort to more energetic means. We should first evacuate the alimentary canal by means of some cathartic medicine; after the ^{day} operation is finished, the patient should be placed in a warm bath for some time, and when he is taken out he should be put to bed and warmly covered with blankets. Notwithstanding all our inducements to check the disease, it sometimes proves very obstinate, and will run



its course in despite of every effort to arrest it, and again
the form of confirmed Pneumonia.

The second stage of this disease will exact a
treatment decidedly more prompt and energetic than
that above detailed. When called to a patient labouring under
Pneumonia our first step should be to draw blood largely;
The quantity to be drawn will depend entirely upon the
violence of the disease, and the constitution of the pa-
tient: Should the patient be a robust and stithsome hab-
it he would probably be able to bear the loss of twenty, or
thirty ounces of blood, or even a sufficient quantity to pro-
duce syncope. Whereas should the converse obtain, and the
patient be of a weak, debilitated habit, the loss of so much
blood would be inadmissible: therefore the physician, pro-
ceeding according to existing circumstances, carefully observing
the effect produced. Phlebotomy is generally admissible
in this disease, and we can scarcely err when we bleed,
but though this may obtain as a general rule, there
are some exceptions to it. Were we to bleed a pa-



tant who had previous to his attack been very much in-
debted to some other disease, he would probably suc-
cumb under the operation, unless it were not too
sufficiently energetic to arouse him, and he might
notwithstanding all our endeavours to produce resuscita-
tion before we would be able to accomplish it. The effects
that may be expected from resuscitation, are, a relaxation
of pain, relief of respiration, the pulse becomes soft and
less frequent, there is a slight perspiration produced over
the whole body, and in short there is a partial remission
of all the alarming symptoms. These favourable effects,
however are of short duration, and only have a tendency
to give a false peace to the patient, and to mis-
lead the physician should he not be aware of their
transitory nature. In a short time all the alarming
symptoms will recur again with much or even more
violence than before; and should the physician be in-
norant of the circumstances, that patients affected
with inflammatory diseases can sustain the life,



very great quantities, and it would be a rare case of
embarrassment to him. The only alternative therapies that
we have in case there should be a recurrence of distressing
symptoms, is to resort to the lancet again, the patient
would probably be able to lose as much blood as at the
first bleeding, and generally the same favorable results
would follow.

When we have derived all the benefit that we can
rationally expect from bloodletting we should have a
course to some remedy to evacuate the alimentary canal,

The one which I found the most efficacious was the fol-
lowing: Ipecacuanha & mercury.

Ipecacuanha ^{gr. ss.} *Mercurii* ^{gr. ss.} was re-
commended common practice. If this did not operate
on the bowels I generally *Sulphate of Magnesia*,
which commonly produced the desired effect. As
these remedies had operated freely, the patient was much
relieved the system was for a while tranquillized, and the
patient was able to expectorate a little. In order to
promote expectoration and produce a slight per-



operation we should administer some ~~new~~ medicine that would
produce this effect. The following formula I have found
more beneficial than any I ever administered.

Infus of Nux ʒi

Lam. acutis ʒi ss

Emetic Tartar ʒss

Water ʒi ss

Of this mixture I gave a table spoonful every two or
three hours according to circumstances, if it occasioned
nausea I reduced the quantity or gave it at long inter-
vals, and the patient was ordered to drink warm flax-
seed tea or a warm infusion of snake root as his com-
mon drink. In conjunction with the above remedies
I administered every morning and evening five or six grains of
Calomel, or if this purged too much I diminished the quantity.
My reason for administering the Calomel in such
repeated doses was, to endeavour to make an impression
on the system, that would supplant the disease, and
establish in its stead a more healthy action. When the
system is sufficiently reduced by the remedies above-



mentioned, and the patient complains of pain in the head. I applied a Lee's blistering plaster over the part where he experienced the most pain. If the patient was refractory and would not allow the application of a blister, I substituted warm applications, such as bran and yolk which had been warmed in a pan or some other vessel, I put them in a small bag, and laid them on as hot as the patient could bear.

As I have above detailed, such was the mode of cure that I generally resorted ^{to} to arrest the acute form of meningitis, and I am happy to say, that I rarely failed.

If however it should not be in our power to arrest the disease, or we should ^{not} have been consulted before it had degenerated into the low or depressed stage, a new train of symptoms will supervene that will demand a treatment ^{exactly} the reverse of that which I have given above. We should immediately lay aside all remedies of a depletion nature, and have recourse to a different class of medicines, I allude to such as would stimulate the system and have a tendency ^{to} arouse the patient from this low and depressed condition. I have used many



of the stimulating articles with this intention, such as Camphor, Brandy, carbonate of ammonia &c. and the remedy which I found most efficacious was the carbonate of ammonia. The manner in which I administered it was as follows

Carbonate of Ammonia ℥j
Pulverized Gum Arabic ℥ij
Emetic Tartar — ℥viii
Water — ℥iv

Of this mixture I gave a large tablespoonfull every two or three hours, according to circumstances. I also ordered that the patient should have wine when to drink whenever he became thirsty. These remedies generally continued until the patient's system began to react, I then discontinued them and resorted to more remedies. It may be proper to remark, that the Tartar Emetic acted very beneficially in combination with the carb. ammonia, it produced in almost every instance a copious expectoration of thick yellowish mucus, and the surface of the body became soft and moist. We might be induced to suppose that

Tartar Emetic in such doses, would produce nausea or even vomiting, but this was not the case in those instances in which I used it. This circumstance probably arose from the want of irritability of the stomach, which is almost an invariable attendant of this stage of the disease.

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